

**DOMESTIC
LIMITED LIABILITY PARTNERSHIP**

STATE OF MAINE

**CHANGE OF REGISTERED AGENT ONLY
or
CHANGE OF REGISTERED AGENT
AND REGISTERED OFFICE**

(Name of Limited Liability Partnership)

Filing Fee \$20.00

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 31 MRSA §807.3. and 807.4., the undersigned limited liability partnership gives notice of the following change(s):

FIRST: The name of the registered agent and the address of the registered office appearing on the record in the Secretary of State's office are

(name)

(street, city, state and zip code)

SECOND: The name of its successor registered agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the new registered office shall be

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

PARTNER(S)*

DATED _____

(signature)

(type or print name and capacity)

For Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

THE FOLLOWING SHALL BE COMPLETED BY THE REGISTERED AGENT UNLESS THIS DOCUMENT IS ACCOMPANIED BY FORM MLLP-18 (§807.2.).

The undersigned hereby accepts the appointment as registered agent for the above-named limited liability partnership.

REGISTERED AGENT

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by at least one **partner** (§826.1.B.).

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, **section** 453.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**